



Community Readiness

**Western Center for the Application
of Prevention Technologies**

**Funding for this publication provided by the United States Department of
Health and Human Services, Substance Abuse and Mental Health Services
Administration, Center for Substance Abuse Prevention**

What is Community Readiness and Why Is It Important?

Community readiness is the extent to which a community is adequately prepared to implement a substance abuse prevention program. A community must have the support and commitment of its members along with needed resources to implement an effective prevention effort. Because community readiness is a process, factors associated with it can be objectively assessed and systematically enhanced (National Institute on Drug Abuse, 1997).

Why Increase Community Readiness?

Effectiveness

The main reason for increasing community readiness is effectiveness. Enduring, coordinated, and comprehensive efforts at the local level are more likely to have the desired impact if prevention professionals work with local citizens and community leaders from many segments of the community in planning, coordinating, and implementing the prevention effort.

Continuity

Prevention programs are more likely to succeed and continue to operate when they are created by local citizens and tailored to the needs and

resources of the local community. Prevention programs that are designed by prevention professionals without input from the community often do not include cultural modifications and often do not address the primary reasons why local youth and adults use alcohol and other drugs.

Nine Stages of Community Readiness

Through extensive research on community development and substance abuse prevention efforts (Oetting et al., 1995) nine stages of community readiness through which communities develop have been identified.

Oetting et al. (1995) have found that as communities achieve successively higher stages, they realize greater improvement in their degree of readiness. Therefore, to increase a community’s readiness for prevention programming and thereby improve the likelihood that a prevention effort will succeed, it is important to give careful consideration to these nine stages of community readiness during the process of conducting an objective assessment of community readiness. The following offers descriptions of the nine stages, the characteristics of communities at each stage, and ways to improve readiness:

Stage	Description	Strategies to Improve
Stage 1: Community Tolerance/ No Knowledge	Community norms actively tolerate or encourage the behavior, although the behavior may be expected of one group and not another (e.g., by gender, race, social class, or age). The behavior, when occurring in the appropriate social context, is viewed as acceptable or as part of the community norm. Those who do not engage in the behavior may be tolerated, but might be viewed as somewhat deviant.	a. Conduct small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use. b. Conduct small-group and one-on-one discussions with community leaders regarding the health, psychological, and social costs of substance abuse in order to change the perceptions of the potential members of the working group.

Stage	Description	Strategies to Improve
Stage 2: Denial	<p>Community members recognize that generally the behavior is, or can be, a problem. Community norms would not usually approve of the behavior, but there is little or no recognition that a local problem exists. If recognition of the problem exists, there is a feeling that nothing needs to be done about this locally, or that nothing can be done about it.</p>	<p>a. Sponsor educational outreach programs on the health, psychological, and social costs of substance abuse for community leaders and community groups interested in sponsoring local programs.</p> <p>b. Communicate local incidents that illustrate harmful consequences of substance abuse in one-on-one discussions and educational outreach programs.</p>
Stage 3: Vague Awareness	<p>There is a general belief that there is a local problem and that something ought to be done about it. Knowledge about local problems tends to be stereotypical and vague, or linked only to a specific incident or two. There is no immediate motivation to do anything. Either no identifiable leadership exists or else leadership lacks energy or motivation.</p>	<p>a. Sponsor educational outreach programs on national and state prevalence rates of substance abuse and prevalence rates in other communities with similar characteristics for community leaders and possible sponsorship groups. Programs should include use of local incidents that illustrate harmful consequences of substance abuse.</p> <p>b. Create local media campaigns that emphasize consequences of substance abuse.</p>
Stage 4: Preplanning	<p>The community perceives that there is a local problem and that something should be done about it. Ideas about etiology (the cause of the problem) or risk factors tend to be stereotyped. There are identifiable leaders and there may be a committee, but no real planning occurs.</p>	<p>a. Sponsor educational outreach programs that include prevalence rates and correlates or causes of substance abuse for community leaders and sponsorship groups.</p> <p>b. Sponsor educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by other communities with similar profiles.</p> <p>c. Create local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand.</p>

Stage	Description	Strategies to Improve
Stage 5: Preparation	<p>Planning focuses on practical details. General information about local problems and about the pros and cons of prevention programs becomes available, but it may not be based on formally collected data. Leadership is active and energetic. The program may be initiated on a trial basis. Funding is being actively sought or has been committed.</p>	<p>a. Conduct educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented.</p> <p>b. Conduct educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming.</p> <p>c. Initiate a local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse.</p>
Stage 6: Initiation	<p>Enough information is available to justify a prevention program, but knowledge of risk factors is likely to be stereotyped. A program has been started and is running, but it is still on trial. Staff members are in training or have just completed training. There may be great enthusiasm because limitations and problems have not yet been experienced.</p>	<p>a. Conduct in-service educational training for program staff (paid and/or volunteer) on substance abuse consequences, correlates, and causes and the nature of the problem in the local community.</p> <p>b. Initiate publicity efforts associated with the kickoff of the program.</p> <p>c. Conduct a special meeting to provide an update and review of initial program activities with community leaders and local sponsors.</p>
Stage 7: Institutionalization/ Stabilization	<p>One or two programs are running, supported by administration, and accepted as a routine and valuable activity. Staff are trained and experienced. Limitations may be known, but are not perceived as indicating a need change. There may be some form of routine tracking of prevalence. Permanent funding may not yet exist, but there is established funding that allows the program the opportunity to implement its action plan.</p>	<p>a. Conduct in-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming. Provide trainers from outside or send staff to programs sponsored by professional societies.</p> <p>b. Sponsor periodic review meetings and/or special recognition events for local supporters of prevention programs.</p> <p>c. Initiate local publicity efforts associated with review meetings and recognition events.</p>

Stage	Description	Strategies to Improve
Stage 8: Confirmation/ Expansion	<p>Standard programs are viewed as valuable and authorities support expanding or improving programs. New programs are being planned or implemented in order to reach more people, those thought to be more at risk or different demographic groups. Funds for new programs are being sought or committed. Data are obtained regularly on the extent of local problems while efforts are made to assess risk factors and causes of the problem.</p>	<p>a. Provide in-service educational programs on conducting local needs assessments to target specific groups in the community for prevention programming. Provide trainers from outside or send staff to programs sponsored by professional societies.</p> <p>b. Sponsor periodic review meetings and/or special recognition events for local supporters of prevention programs.</p> <p>c. Present research and program evaluation activities to the public through local media and/or public meetings.</p>
Stage 9: Professionalization	<p>Detailed and sophisticated knowledge of prevalence, risk factors and etiology exists. Some programs may be aimed at general populations, while others are targeted at specific risk factors and/or at-risk groups. Highly trained staff are running programs, authorities are supportive, and community involvement is high. Effective evaluation is used to test and modify programs.</p>	<p>a. Continue in-service training of staff.</p> <p>b. Continue assessment of new drug-related problems and reassessment of targeted groups within community.</p> <p>c. Continue evaluation of program effort.</p> <p>d. Continue updates on program activities and results for the benefit of community leaders and local sponsorship groups. Provide periodic stories through local media and/or public meetings.</p>

Assessing a Community's Stage of Readiness

One method suggested by the National Institute on Drug Abuse (1997) for assessing the stage of readiness of a community takes three steps:

1. Staff members identify key informants.
2. A skilled, knowledgeable interviewer holds semi-structured interviews with key informants.
3. The interviewer meets with a team of colleagues to rank responses and determine the stage of readiness.

For a tool to assist you in assessing Community Readiness Assessment please refer to: www.open.org/westcapt/crsurvey.htm.

Strategies to Improve Community Readiness

Generally, in communities in which substance abuse is tolerated, "behind the scenes" one-on-one or small group meetings build awareness of the harmful effects of drug abuse. As community readiness develops, awareness-building discussions shift to building awareness of specific consequences in the community.

Communities in the preparation and initiation stages benefit most from systematic and complete information about the local drug problem and from planning activities. Staff training

usually is needed during this stage. Communities in the institutionalization stage must focus on self-evaluation and revision; training continues to be important. Continued networking with other leaders and community organizations, along with continued training, are also important at the higher stages.

References

National Institute on Drug Abuse. (1997). *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*.

Oetting, E.R., Donnermeyer, J.J., Plested, B.A., Edwards, R.W., Kelly, K., & Beauvais, F. (1995). Assessing community readiness for prevention. *International Journal of Addictions*, 30, 659-683.

For more information and tools on community readiness, the National Institute on Drug Abuse has available, "Community Readiness for Drug Abuse Prevention: Issues, Tips, and Tools." To obtain a copy, contact National Technical Information Services at (800) 553-6847 (publication number PB# 97-209605). This book is part of a 5-book packet, which costs \$83 plus \$5 handling.

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